

ACCOUNTING VOUCHER														Contract Number				Date P.O. Prepared				P.O. No.							
Agency Name/Delivery Address:														Bid Opening Date				Bid Ref./Requisition No.				Terms P.O.							
														Customer Account No.				Page								of			
														Vendor		Invoice		Due Date		State Ref. No.		or		Amount Paid					
														No.				Mo. Day Yr.		P.O. No.									
Must be delivered by:								Inside delivery																					
								<input type="checkbox"/> YES (if CHECKED)																					
Name:																													
Address:																													
City:														Voucher number and date				Total amount paid											
State:				Zip:																									
Vendor ID:								Suffix:																					
PLEASE BE SURE TO INCLUDE ZIP CODE IN ALL ADDRESSES																													
Invoice to address:																													
Vendor Name														P.O. Number															
Intra-agency Contact														Telephone															
Item No.		Commodity Code		Description								Quantity		Unit		Unit Price		Amount											
INTRA-INST.      USE												TOTAL AMOUNT																	
I certify that the P.O., Receiving Report (if applicable), Invoice, and Voucher are in agreement with the merchandise or service being paid for; and further, that computations and coding on the Voucher are correct and discounts taken are proper.														INITIAL															
TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT				PROJECT														
			FUND	DET		PROG	SUB	ELE							PROJECT	TK	PH												
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE				DUE DATE		REFERENCE DOC																	
						DATE		NUMBER		MM DD YY		NUMBER		SX															
DESCRIPTION						CURRENT DOCUMENT			SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	<input type="checkbox"/> CHECK IF CONTINUATION SHEET ATTACHED																	
			NUMBER		SX																								